

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004070

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** SUNSET COVE CONDOMINIUM ASSOCIATION OF MARCO ISLAND, INC.

**Current Principal Place of Business:**

571 ELKCAM CIRCLE  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

1100 FIFTH AVENUE SOUTH  
SUITE 405  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 16-1710333      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIEBERFARB, STANLEY  
1110 5TH AVENUE SOUTH  
SUITE 400  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: LIEBERFARB, STANLEY J  
Address: 1100 5TH AVENUE SOUTH SUITE 405  
City-St-Zip: NAPLES, FL 34102

Title: VD ( ) Delete  
Name: SCHRUYVER, KENNY  
Address: 1100 5TH AVENUE SOUTH SUITE 405  
City-St-Zip: NAPLES, FL 34102

Title: PD ( ) Delete  
Name: SONNENBORN, R. BRUCE  
Address: 1100 5TH AVENUE SOUTH SUITE 405  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: LAGEMAN, DAVID  
Address: 1100 5TH AVENUE SOUTH SUITE 405  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY J. LIEBERFARB

STD

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date